



# DONJON SHIPBUILDING & REPAIR, LLC

Application For Employment

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS: \_\_\_\_\_  
Street City State ZIP Code

PERMANENT ADDRESS: \_\_\_\_\_  
Street City State ZIP Code

PHONE NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If not, state your age \_\_\_\_\_ If not, do you have the required working papers?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No If yes, please explain: \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY REQUESTED: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	LOCATION OF SCHOOL	YEARS ATTENDED	DEGREE(S) OBTAINED / SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, CORRESPONDENCE, OR BUSINESS SCHOOL				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

U.S. MILITARY SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ DISCHARGE STATUS: \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES AND ADDRESSES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS, ARREST RECORD, CITIZENSHIP STATUS, OR SEXUAL ORIENTATION."

**FORMER EMPLOYERS**  
(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
WORK PERFORMED:				
FROM				
TO				
WORK PERFORMED:				
FROM				
TO				
WORK PERFORMED:				

BELOW, PLEASE PROVIDE A LIST OF PEOPLE AND NUMBER WE CAN REACH IN CASE OF EMERGENCY.

NAME	RELATIONSHIP	CONTACT NUMBER	ADDRESS
1.			
2.			
3.			

I HEREBY GIVE AUTHORITY TO CHECK THE REFERENCES GIVEN IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR WILL NOT BE INTERPRETED IN MY FAVOR.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE  
FOR OFFICE USE ONLY**

INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HIRE DATE:	FOR DEPT:	POSITION	WILL REPORT	SALARY/WAGE
APPROVED	1.	2.	3.	

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER